

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155329		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/20/2012	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN 46219			
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F0000	<p>This visit was for the Investigation of Complaint IN00112847.</p> <p>Complaint IN00112847- Substantiated, Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: August 16 & 20, 2012</p> <p>Facility number: 000222 Provider number: 155329 AIM number: 100274950</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF: 10 SNF/NF: 140 Total: 150</p> <p>Census payor type: Medicare: 37 Medicaid: 84 Other: 29 Total: 150</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 21,</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a Desk review on or after 8/30/12.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	2012 by Bev Faulkner, RN						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure physician's orders for blood pressure medications were followed for 1 of 3 residents reviewed for following physician's orders in a sample of 3. [Resident #C]</p> <p>Findings include:</p> <p>Resident #C's closed clinical record was reviewed on 08/16/12 at 2:45 p.m., and indicated the resident had diagnoses which included, but were not limited to, hypertension, chronic bronchitis, anxiety, and status post total knee replacement.</p> <p>The closed clinical record indicated the resident was admitted to the facility after hospitalization for a left total knee replacement and was at the facility for therapy and was weight bearing as tolerated with walker. Hospital records for medications that were administered indicated among the medications were "Zestoretic 20-12.5 (Lisinopril + HCTZ)" to be given twice daily. The hospital records indicated a past medical history of hypertension and home medications</p>		F0282	<p>F282 service by qualified persons/per care plan It is the practice of this provider to ensure that all alleged violations involving services by qualified persons/per care plan are provided in accordance with State and Federal law through established procedures. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? The resident no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents who admit or re-admit to the facility have the potential to be affected by this alleged deficient practice. All licensed nurses will be re-educated on admission/readmission order verification, transcription and documentation by the SDC or designee by 8/30/12 What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? All licensed nurses will be re-educated on</p>		08/30/2012	

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	<p>which included, but was not limited to, "Lisinopril/hydrochlorothiazide 10/12.5 mg [milligram] 1 tab p.o. [by mouth] b.i.d.[twice a day]."</p> <p>Review of the hospital's discharge "Continue/Start Taking these Medications" list was 8 medications Resident #C was to continue taking. Listed among those medications was Lisinopril-hydrochlorothiazide [anti-hypertensive/diuretic] 20mg/12.5 mg 1 tab oral twice daily.</p> <p>Resident #C's Physician's Orders, dated 06/21/12 through 06/20/12, lacked documentation of the Lisinopril-hydrochlorothiazide having been transcribed.</p> <p>Review on 08/20/12 at 1 p.m. of Resident #C's Vitals Report indicated the following blood pressures [B/P]: 06/21/2012 - B/P 124/58 06/23/2012 - B/P 126/68 06/24/2012 - B/P 121/62 06/25/2012 - B/P 158/82 which was high 06/26/2012 - B/P 131/67 06/26/2012 - B/P 128/80</p> <p>Physician Telephone Orders, dated 06/25/12, indicated "Lisinopril 20 mg po [by mouth] now x [times] 1" and "HCTZ [hydrochlorothiazide] 25 mg po now x 1"</p>		<p>admission/readmission order verification, transcription and documentation by the SDC or designee by 8/30/12 Upon admission the assigned nurse will transcribe all physician orders from the hospital discharge paperwork to the MAR and will sign the MAR indicating the action was completed. A second nurse or nurse manager will then review the meds for accuracy and also sign the mar indicating that all medications/orders were transcribed correctly. After this second verification the orders will be called in to the MD for final verification and faxed to the pharmacy. On the following business day after the resident's admission a nurse manager from the IDT team will review the medication list and compare to the discharge orders to ensure that all orders were transcribed accurately and this nurse will also sign the mar indicating this verification was completed. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? An admissions/readmissions audit tool will be completed once weekly x4, bi-weekly x2, and then monthly thereafter by the DNS or designee. The admissions/readmissions CQI audit tool will be reviewed monthly by the CQI Committee for 6 months after which the CQI</p>				

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	<p>for increased blood pressure.</p> <p>Another Physician Telephone Order, dated 06/25/12, indicated, "Add Dx [diagnoses] of HTN [Hypertension], Anemia, Hyperlipidemia, Lisinopril 20 mg po BID [twice a day] HCTZ 25 mg po BID Hold if SBP [systolic blood pressure] <_ [less than or equal to] 110...."</p> <p>Review of the Medication Record for June 21 thru 31, 2012 lacked documentation of the Lisinopril/HCTZ being administered until 06/25/12.</p> <p>Interview with the Administrator, Administrator-in-Training, and the Director of Nursing [DON] on 08/20/12 at 2:10 p.m., indicated the facility sometimes receives the hospital discharge orders ahead of the resident coming to the facility and sometimes the order changes. The facility did not present documentation of the medication check list which is reviewed with the physician at the time the resident is admitted to the facility.</p> <p>This Federal tag is related to Complaint IN00112847.</p> <p>3.1-35(g)(2)</p>			<p>team will re-evaluate the continued need for the audit. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 8/30/12</p>			

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